

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046615

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1847

FILED DEC 21 1962

VS 300
Rev. 4/59

6397

6397

3

4 0

5 1

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7 1

8 2

92043

10

11

12-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SPRINGFIELD

Length of stay in lb

50 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

ST. JOHN'S HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY

OR

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

2010 W. ATLANTIC

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

HARRY

Middle

E.

Last

TRESTER

4. DATE OF DEATH

Month

DEC.

Day

Year

13 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/28/89

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during last 12 months, if any)

RETD. SHEET METAL WKR.

10b. KIND OF BUSINESS OR INDUSTRY

FRUEHAUF TRAILER

11. BIRTHPLACE (City and state or country)

AURORA, IND.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

MICHAEL TRESTER

13b. MOTHER'S MAIDEN NAME

FANNY UPTON

14. NAME OF HUSBAND OR WIFE

LORENA J. TRESTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address

MRS. LORENA J. TRESTER, SPRINGFIELD MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Myeloblastic Leukemia

INTERVAL BETWEEN ONSET AND DEATH

1-2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-7-62 to 12-13-62 and last saw him alive on 12-13-62

Death occurred at 3:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Ink or type)

Harold H. Lurie, M.D.

22b. ADDRESS

600 S. Hanstone Springfield, Mo.

22c. DATE SIGNED

12/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12/17/62

23c. NAME OF CEMETERY OR CREMATOR

ST. MARY'S CEMETERY

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

24. FUNERAL DIRECTOR

H.H. LOHMEYER FUNERAL HOME

ADDRESS

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

12-17-62

26. REGISTRAR'S SIGNATURE

Effie E. Meets

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucas T. Swadley

Licensed Embalmer No. 7815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

permet Dec 14 1962